Virginia Stroke Care Quality Improvement Initiative Update

VSSTF Quarterly Meeting Update

April 19, 2019

Patrick Wiggins, MPH Disease Prevention Strategist Virginia Department of Health



Announcements

- VDH hiring two new positions: Clinical Improvement Specialist (RN) (Delayed) and Telehealth / Mobile Health Technology Specialist (within next few weeks) Link: <u>http://jobs.virginia.gov/</u>
- SYNC: Transforming Healthcare Leadership. Interprofessional teams focusing on stroke:
 - Sentara Princess Anne team, UVA Stroke ECHO team, UVA TeleStroke Follow-up Clinic team, VCU and Chesterfield EMS team
- CDC Paul Coverdell Program and Grant Opportunity.
 Next round Summer, 2020. Updates from states.

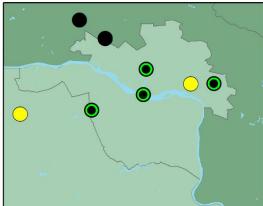


Announcements continued...

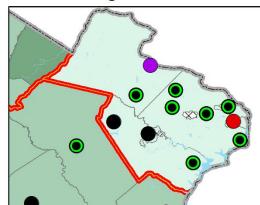
- VDH Stroke Report to the General Assembly. Thank you for your input!
- Hospital and EMS Capacity Survey development. Seeking workgroup members!
- Virginia Stroke Priority Metrics Survey results and next steps.



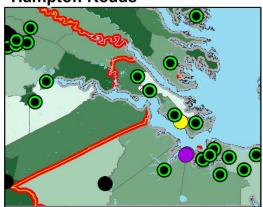
Richmond Metro Area



Northern Virginia



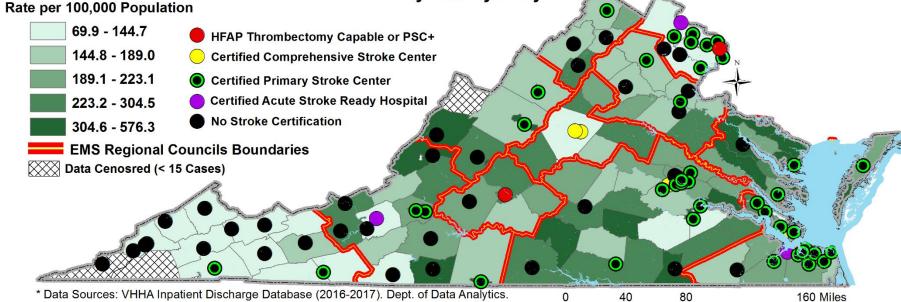
Hampton Roads



Virginia

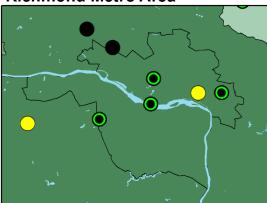
Rate* of Hospitalization Due to Stroke, 2016-2017

by County / City

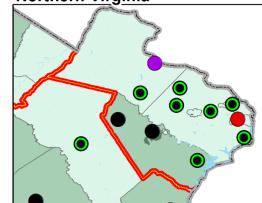


Rate is based on crude rate

Richmond Metro Area



Northern Virginia



Hampton Roads

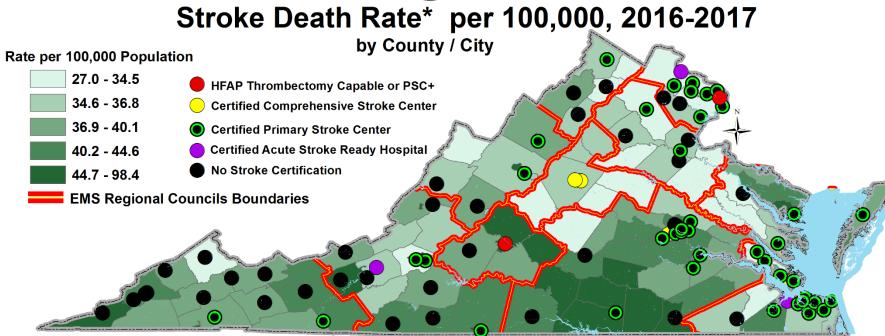
40

80



160 Miles

Virginia



* Data Sources: https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA (2014-2016).

Rank the following sub-categories for Prevention / Risk Factors (rank in order of highest to lowest priority. When considering priority, take into account importance, feasibility, and impact):

ltem	Overall Rank	Rank Distribution	Score	No. of Rankings
Lifestyle Risk Factors	1		313	71
Medical Risk Factors	2		310	71
Healthcare Access (inclusive of physical, financial, or other factors hindering the receipt or coverage of healthcare services)	3		271	71
Education	4		247	71
Social Determinants of Health (defined as conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks)	5		226	71
Financial Impact	6		124	71
		Low High est est Rank Rank		



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Rank the following sub-categories for Pre-Hospital (rank in order of highest to lowest priority. When considering priority, take into account importance, feasibility, and impact):

ltem	Overall Rank	Rank Distribution	Score	No. of Rankings
Stroke Screening	1		239	40
Patient Encounter Documentation and Last Known Well	2		203	40
Stroke Alert Pre-Notification	3		184	40
Transport Time: EMS Home/Scene to Hospital	4		163	40
Type of Stroke Transport and Triage	5		163	40
Patient Monitoring	6		95	40
Transport Time: Interfacility	7		73	40
		Lowest Highest Rank Rank		



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Rank the following sub-categories for In-Hospital (rank in order of highest to lowest priority. When considering priority, take into account importance, feasibility, and impact):

ltem	Overall Rank	Rank Distribu	tion Score	No. of Rankings
Treatment	1		183	38
Outcomes	2		179	38
Assessment and Screening	3		169	38
Education and Counseling	4		95	38
Interfacility Transfer	5		86	38
TeleStroke	6		86	38
		Lowest Hig Rank Ran	l hest k	



Rank the following sub-categories for Post-Hospital (rank in order of highest to lowest priority. When considering priority, take into account importance, feasibility, and impact):

ltem	Overall Rank	Rank Distribution	Score	No. of Rankings
Transitions of Care	1		111	30
Rehabilitation Outcomes	2		109	30
Disability	3		104	30
Stroke Patient Supports	4		78	30
Cost	5		48	30
		Lowest Highest Rank Rank		



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